

13 CV 5749 R

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Shady Bolton 3001300213

DERRICK FRANCIS 2411208019

Jonathan Greenwood 2411109319

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

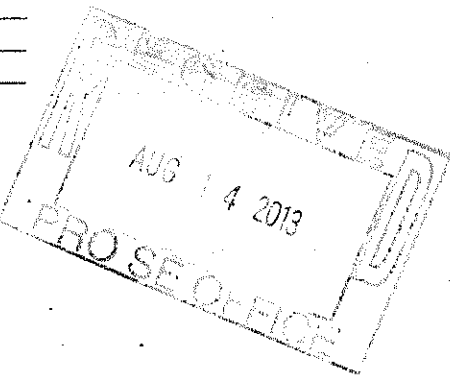
Department of Corrections

Anna M. KROSS Center (AMKC)

18-18 Hazen Street

East Elmhurst, NY 11370

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



## COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983

(Prisoner Complaint)

Jury Trial: ☐ Yes ☐ No

(check one)

## I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Shady Bolton

ID #

3001300213

Current Institution

Anna M. KROSS Center (AMKC)

Address

18-18 Hazen Street East Elmhurst, NY  
11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

N/A

Shield #

Where Currently Employed

Address

Defendant No. 2 Name N/A Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 3 Name N/A Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 4 Name N/A Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 5 Name N/A Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

Anna M. KROSS Center (AMKC)

B. Where in the institution did the events giving rise to your claim(s) occur?

The Events happened in a lot of the housing  
Quad in AMKC but we was housed in Quad  
15 Lower

C. What date and approximate time did the events giving rise to your claim(s) occur?

July 31<sup>st</sup>, 2013 - August 1<sup>st</sup>, 2013, - August 2<sup>nd</sup>, 2013  
- August 3<sup>rd</sup>, 2013 - August 4<sup>th</sup>, 2013

D. Facts: *A slashing happened in my Facility to where we went on lock-down. According to "DOC Minimum Standards" we can only be locked in for 72 hours but we were locked in for 5 Days. The staff at DOC took our property and made us experience cruel and unusual punishment. Through the 5 Days we were not offered a shower OR a phone call to our family or our lawyers. DOC violated our 8<sup>th</sup> Amendment. When we were locked out they stopped locking us out at Breakfast and stopped us from spending our Maximum at Commissary. As a result of the slashing the escorts are only allowing 5 inmates per house so some inmates are being Denied Yard (1 hour per Day), Denied Religious Services, & And Law Library Services (2 hours a Day) and please be mindful that the Slashing did not happen in my ~~room~~ Housing Area. DOC has us locking in at 9:00 p.m. which is illegal according to Minimum Standards which says we can only be in our cells for no more than 8 hours Over-night and we have been locking in at 9:00 p.m. & locking out at 9:00 A.M. Please see attached for more insight*

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

*Sleepless Nights, Emotional Distress and Depression and Mental Health Services prescribed me something for it*

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

AMKC Facility

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

AMKC

1. Which claim(s) in this complaint did you grieve? Locking in at 9:00 P.M.

2. What was the result, if any? Never got called down for interview

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

N/A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any:

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- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

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**Note:** You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

*For my Cruel and Unusual punishment the relief we are looking for is \$200,000 in Monetary Compensation for each inmate. I would also like for things to go to the regular. Such as our law library services, religious services, and yard and the inmates in A.M.K. locking in at 10:45 p.m.*

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

On these claims

Yes ☐ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_\_ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 9 day of August, 2013.

Signature of Plaintiff

Inmate Number

Institution Address

Shady Bolton, Dereck Francis, Jonathon Greenou  
3001300213, 2411208019, 2411109319 Cln Order  
Anna M. KROSS Center (AMKC)  
18-18 Hazen Street  
East Elmhurst, NY 11370

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 9 day of August, 2013 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff

X Shady Bolton (3001300213)

X Dereck Francis 2411208019

X [Signature] 2411-11-09319



*Attached*

My name is *Shady Bolton* and I am currently being detained in Rikers Island correctional facility in NYC. I am writing in regards to a new order being implemented by the warden and security personel in the A.M.K.C. building on Rikers Island. I am enclosing the order with a quick debriefing of the s situation.

I am living in the A.M.K.C. building in the housing area. There have been a few slashings in the past few months but none in my housing area. The last slashing was on july 30th 2013 and as a result we were on facility lock down from july 30th thru August 3rd. Accordind to minimum standards we are to be locked in no more than 72 hours. During that lock down we had no showers or phone calls. Again no slashings were committed in my housing area. Also as a result of these slashings the warden and security staff have implemented new lock in procedures. We must now lock in at 9pm. According to minimum standards we must be locked out for at least 14 hours a day. Well here is our lock in and out schedule:  
We lock out at 9am: We lock back in at 3pm: Thats 6 hours  
We lock out at 4:30pm: We lock in at 9pm: Thats 4 and a half hours  
We then lock in till 9am.  
According to minimum standards we are to be locked in for no more than 8 hours at one specific time. We are not being locked out for breakfast at 5am as we are suppose to. We are being fed in our cells everyday as a result of these new orders. And even if we are getting locked out for breakfasty that would only lock us out from 5am to 7am therefore only giving us 12 and a half hours of lock out time. Not the minimum standard of 14 hours. We have not locked out for breakfast from 8/3/13 to present...  
The security has also come to the housing area and took our footwear that our families have bought us, but this same footwear is allowed in the facility and on Rikers Island as a whole. My footwear should not have been taken.  
They also have stopped us from spending \$125 a week in commissary to only spending \$42 a week. Again no slashing was in my housing area. Also we are not allowed to go to barbershop anymore but they have the barbershop coming to us. They now cut our hair in the same dayroom where we eat our meals. The equipment they use is being put on the same tables that we eat on. This is very unsanitary. Please fix this situation.  
Also as a reult of these slashings the escort officers are only allowed to escort 5 inmates at a time, so when services are called they may only have room for 3 people to go to a said service. Once those 3 inmates fill a slot they say thats it, no more allowed to go to sidd service. I have been denied yard, and law library services. The minimum standard is we are to be afforded yard for 1 hour a day and 2hhours of law library a day. These services are not being afforded to each inmate. Again no slashing was in my housing area.



There is a problem with ministerial services. The escort officer can only escort 5 inmates at a said time. There is only one escort officer for the whole building and as a result some of us arrive with only 10 minutes left of ministerial services.

Please fix that situation.

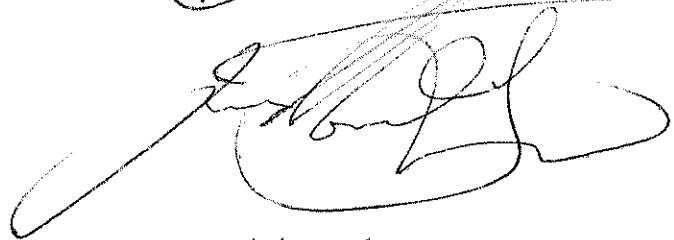
Minimum standards state at least 1 hour a week of ministerial services.

Thank you for your time and appreciation of concern on this matter. Please let's get this over with so we can stop this abuse of power that is being thrown around through the staff here at A.M.K.C.

Please respond at your earliest convenience to rectify this matter.

*Respectfully Submitted,*

*Shady Bolton*



2211-11-09319

*Derrick Francis*

24112 08019